

Application for Manual Osteopathy Board Examination

6021 Yonge Street, Suite 390 Toronto, Ontario, Canada M2M 3W2 E-mail: info@cmoeb.org Website: www.cmoeb.org

PERSONAL INFORMATION

Mr. Mrs.	Last Name	First Name	Middle Name or Initial				
🗆 Ms. 🗆 Dr.							
PREVIOUS NAME: (if any alteration in or change of name since registration at birth)							

Sex: M M F F	Please indicate whether you are right or left-handed: RIGHT LEFT Date of birth	DD	_ / 	./
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MAILING ADDRESS

Apt. No.	Street No		Street Name					City		
Prov./S	tate		PC/ZIP			Country	E-mail Address			ress
Area Code	Telephon	e (Home)		Area	Code	Telephone (Work)		Ext.	Area Code	Fax

EDUCATION INFORMATION

Manual Osteopathy College Attended:	Dates Attended			
		from	to	
Have you completed all requirements for graduation?	Gradu	uation Date:	_/////////	

OTHER EDUCATION:

	Dates Attended		
University/College	from	to	Degree / Diploma Conferred

ATTACH:

- **1.** Certified final manual osteopathy college transcripts.
- 2. 2" x 2" coloured photograph of self taken within the past year. Photographs must be signed by an authorised person (doctor, manual osteopath, lawyer, accountant, teacher, etc.) Name of applicant must also appear on the back of the photograph.

3. Examination fee of \$2000 plus harmonized sales tax of 13% (total amount of \$2260.00) by certified cheque or money order payable to the Canadian Manual Osteopathy Examining Board.

AFFIDAVIT to be signed by an authorised person. Authorised persons can be a manual osteopath, professor, lawyer, judge, chiropractor, podiatrist, optometrist, psychologist, registered physiotherapist, doctor, notary public, surgeon, dentist, paralegal, certified accountant, professional engineer, or police officer.

Print Name	City/Town/Village		Country
I,do solemnly declare that the completed fo whose signature is below, the submitted re immediately inform CMOEB of any change conscientiously believing it to be true and	ecent photograph is of r es to the information in t	ne, and I understand my o his application. I make th	obligation to s solemn declaration
Signature of Applicant			
Declared before me in the (city/town/villag this Day of	City/Town/Village	, in the County of	Country 7
Authorised person name and signature:			
Name		Signature	

Examination Fee: \$2000 (Canadian) plus HST. Payable by certified cheque or money order only. Please send payment in the amount of \$2260.00 made payable to Canadian Manual Osteopathy Examining Board to: 6021 Yonge Street, Suite 390 Toronto, Ontario Canada M2M 3W2